

MULTIPLE DEPENDENT CLAIM,
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588545

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2	/	/	/			
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42	/		/			
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49						
50						
TOTAL IND.	5	↓	4	↓		↓
TOTAL DEP.	51	◀	42	◀	◀	
TOTAL CLAIMS	54		44			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		◀	◀	◀	◀	◀
TOTAL CLAIMS						